## **STATEMENT OF**

FORM 1	ORGANIZATION (See instructions)	N	Office use only
NAME OF COMMITTEE (in	full) (Check if name Exam is changed) over the	ple: If typying, type he lines 12FE	1 1 1 1
Hillary Clinto	For President		
ADDRESS (number and	1900 M Street, NW		
_	Suite,500		
(Check if addres X is changed)	Washington	DC	20036
	CITY▲	STATE	▲ ZIP CODE ▲
COMMITTEE'S E-MA (Check if address is changed)	IL ADDRESS (Please provide only one e-mail address s smoskwa@hillaryclinton.com		
COMMITTEE'S WEE	PAGE ADDRESS (URL)  www.hillaryclinton.com		
is changed)			
0.9		131569	
4. IS THIS STATE	MENT NEW (N) OR X	AMENDED (A)	
I certify that I have exan		belief it is true, correct and complet	e   M * M / D * D / Y * Y * Y * Y
Signature of Treasure	r Electronically Filed by Shelly R. Moskwa	Date	0 9 21 2010
NOTE: Submission of fa	alse, erroneous, or incomplete information may subject the		
Office Use Only	F	For further information contact: Federal Election Commission Foll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)